INDIANA STATE BOARD OF HEALTH

026

No. 200. PERMII FUK KEMUVAL AND BURIAL
County Koscusko Township Down on City or Town mentons In
O Date of Death /0 7 1929
Decedent's full name del Roy Down 1ge 42
Cause of death Culeman Fuberllosis
Medical attendant
Place of death men Non Inel
Proposed date of burial Paleton 10-10 - 1929
Proposed place of burial Palestine and
Undertaker & W Jaun Address Menter bn
A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the removal and burial of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial must be conducted according to the rules of the State Board of Health. This permit is to be delivered to sexton or person in charge of cemetery.
Name of Health Officer or Deputy
Dated 10 8 1929 Muntano los
8 (Sexton or person in charge of comotory should preserve this Permit)